

## OSTEOPOROSIS STEP THERAPY

**Osteoporosis** is a disease of bone that leads to an increased risk of fracture. In osteoporosis, the bone mineral density (BMD) is reduced, bone microarchitecture is disrupted, and the amount and variety of non-collagenous proteins in bone is altered. Osteoporosis is most common in women after menopause, when it is called **postmenopausal osteoporosis**, but may also develop in men, and may occur in anyone in the presence of particular hormonal disorders and other chronic diseases or as a result of medications, specifically glucocorticoids, when the disease is called **steroid- or glucocorticoid-induced osteoporosis** (SIOP or GIOP). Given its influence on the risk of fragility fracture, osteoporosis may significantly affect life expectancy and quality of life.

The Osteoporosis step therapy allows coverage for second line medications if the participant has had a trial of the first line generic alendromate sodium or brand fosamax. For Osteoporosis medications to be covered as a part of the MAHP Formulary, the participant must be diagnosed with osteopenia and/or osteoporosis.

For coverage of IV Reclast, the member must have a medical diagnosis that contributes to inability to use the oral medications such as inflammatory bowel disease, active gastric ulcer disease, esophageal stricture, etc. or other contraindications to the use of oral medications.

Forteo is a Formulary medication whose use is reserved for treating women at high risk of fracture, including those with a very low BMD (T- score worse than 3.0 with a prior fragility fracture). This is based on the 2006 position statement from the North American menopause Society (NAMS). Forteo requires prior authorization.

Prolia is a formulary medication, the member who is post menopausal with osteoporosis is at high risk for fracture **AND** has tried alendromate/Fosamax **OR** has significant renal failure where treatment of biphosphonate is not indicated.

	First-Line Medications	Second Line Medications
<b>MEDICATION</b>	<b>Osteoporosis Medications:</b>	
	<b>Generic name</b>	<b>Brands</b>
	Alendronate sodium	Fosamax
<b>CRITERIA FOR USE</b>	<p>Driven by formulary status of drug, formulary (open, benefit-driven, closed) and MAC policies.</p> <p>**Processing of brand name first-line drug will cause ancillary charges to participant</p>	<p>Participant has tried trial of alendromate sodium prior to use of Actonel or Prolia</p>

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